

ANNEXURE B

BENEFITS EFFECTIVE 1 JANUARY 2010

SUBJECT TO THE PROVISIONS OF THESE RULES MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING BENEFITS:

1. PREMIER OPTION

CATEGORY A : BENEFITS FOR NON-CONTROLLABLE EXPENSES			
No	BENEFIT GROUP	% COVER	MAXIMA (per annum)
1.	<p>Statutory Prescribed Minimum Benefits</p> <p>Services rendered in and by public hospitals at UPFS or cost, whichever is applicable. The Scheme remains liable to cover the Prescribed Minimum Benefits in whichever setting the member is compelled to seek treatment. Where no formal agreement with a DSP exists for PMB's, members have freedom of choice of provider.</p> <p>For HIV management, registration is required with the Scheme's chosen provider.</p>	100% of cost or UPFS / Agreed Tariff as applicable	No limit
2.	<p>Hospitalisation</p> <p>Admissions are subject to pre-authorisation prior to admission or within 1 working day in the case of an emergency.</p> <p>A penalty of R500 is payable by the member to the service provider failing pre-authorisation.</p> <p>i) Private hospitals</p> <p>ii) Provincial hospitals</p> <p>iii) Approved secondary / step-down facilities</p> <p>iv) Medicine dispensed in hospital</p> <p>In-patient mental illness / substance abuse</p>	<p>100% of Agreed Tariff</p> <p>100% of cost or UPFS</p> <p>100% of Agreed Tariff</p> <p>100% of SEP plus regulated dispensing fee</p> <p>100% of Agreed Tariff</p>	<p>No limit</p> <p>No limit</p> <p>No limit</p> <p>No limit</p> <p>21 days per beneficiary (Once the overall limit is reached, only PMB will be paid)</p>
3.	<p>Confinements</p> <p>Subject to pre-authorisation for hospitalisation</p>	100% of Scheme Rate	No limit

	Benefits are also allowed in terms of home births if assistance is provided by a registered service provider.		
4.	GPs & Specialists: in-hospital services i) Consultations, visits, operations and procedures	100% of Scheme Rate	No limit
5.	Auxiliary Services *: In- hospital services	100% of Scheme Rate	No limit
6.	Chronic Medication Including immuno-suppressant drugs	100% of SEP plus regulated dispensing fee	R25 420 per beneficiary (Once the overall annual limit is reached, only PMB will be paid) Subject to authorisation by the Scheme's pre-authorisation provider
7.	Organ transplants & dialysis (Hospitalisation and related costs) The benefit is also available to a donor who is a beneficiary of the Scheme.	100% of Scheme Rate	R180 000 for total cost per beneficiary (Once the overall annual limit is reached, only PMB will be paid)
8.	Internal medical and surgical appliances	100% of cost	Limit of R24 600 per beneficiary applies except in the following cases where there are specified limits: Partial hip replacement R19 840 Total hip replacement R39 440 Knee replacement R47 760 Spinal fusion R39 440 Cardiac Stents R21 380 each (max. 3) Pacemaker R59 300 Cardiac valves R32 910 each Artificial limbs R31 360 Artificial eyes R14 730 (Once the overall annual limit is reached, only PMB will be paid)
9.	Radiology & pathology (in & out of hospital)	100% of Scheme Rate	No limit
10.	MRI & CAT scans (in & out of hospital) Subject to pre-authorisation , as with Hospitalisation A penalty of R500 is payable by the member	100% of Scheme Rate	No limit

	to the service provider failing pre- authorisation.		
11.	Radiotherapy & chemotherapy (in & out of hospital) Subject to pre- authorisation with Qualsa's Oncology Management Programme	100% of Scheme Rate	R324 000 per beneficiary
12.	Maxillo-facial treatment (in-hospital)	100% of Scheme Rate	No limit
13.	Blood Transfusions	100% of cost	No limit
14.	Ambulance services	100% of Scheme Rate	No limit
CATEGORY B : BENEFITS FOR CONTROLLABLE EXPENSES			
1.	General practitioners & specialists (out of hospital) (i) Consultations, visits and procedures (ii) Injection material	100% of Scheme Rate 100% of cost	No limit Subject to acute medicine benefit limit
2.	Acute Medication Includes hospital to-take-out medicine	80% of SEP plus regulated dispensing fee	M+0: R5 820 M+1: R7 720 M+2: R8 790 M+3: R9 740 M+4+: R10 690
3.	Over the counter medication	100% of Agreed Tariff or SEP plus regulated dispensing fee	R890 per family
4.	Homeopaths (i) Consultations (ii) Prescribed medicines	100% of Scheme Rate 80% of Agreed Tariff	No limit Subject to acute medicine benefit limit
5.	Dental Services (i) Conservative dentistry (ii) Specialised dentistry	100% of Scheme Rate 100% of Scheme Rate	No limit M+0: R6 770 M+1+: R11 640
6.	Optical	100% of Agreed Tariff	1 consultation per beneficiary R2 610 per beneficiary for spectacles / contact lenses

	Refractive keratotomy surgery Subject to approval by the Scheme's medical advisor in line with guidelines as set out by the Board.	100% Scheme Rate	1 operation per family
7.	External medical and surgical appliances	100% of cost	Stoma Products : R16 040 per beneficiary All other appliances : R3 210 per beneficiary
8.	Auxiliary Services*: Out of hospital services	100% of Scheme Rate	R4 750 per beneficiary
9.	Physiotherapy (Post operative)	100% of Scheme Rate	Limited to 30 days from discharge date
10.	Hearing aids	100% of cost	R16 160 per beneficiary
11.	Private and home nursing / medically necessitated frail care (as an alternative to hospitalisation) Motivations are required and the benefit is subject to approval Ante-natal classes	100% of Scheme Rate 100% of Scheme Rate	R9 740 per family R710 Restricted to the first pregnancy only.

NHRPL = National Health Reference Price List

Scheme Rate = NHRPL 2010

SEP = Single Exit Price

Agreed Tariff determined = The fees for any healthcare services which are by the Board

UPFS = Uniformed Patient Fee Schedule

PMB = Prescribed minimum benefit

*** Auxiliary Services = Physiotherapy, biokinetics, dietician, clinical psychology, (in & out of hospital) speech therapy, audiology, occupational therapy, podiatry, orthoptics, social work, acupuncture and chiropractor services.**

BENEFITS EFFECTIVE 1 JANUARY 2010

SUBJECT TO THE PROVISIONS OF THESE RULES MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING BENEFITS:

2. CLASSIC OPTION

No	BENEFIT GROUP	% COVER	MAXIMA (per annum)
1.	<p>Statutory Prescribed Minimum Benefits</p> <p>Services rendered in and by public hospitals at UPFS or cost, whichever is applicable. The Scheme remains liable to cover the Prescribed Minimum Benefits in whichever setting the member is compelled to seek treatment. Where no formal agreement with a DSP exists for PMB's, members have freedom of choice of provider.</p> <p>For HIV management, registration is required with the Scheme's chosen provider.</p>	<p>100% of cost or UPFS / Agreed Tariff as applicable</p>	<p>No limit</p>
2.	<p>Overall Annual Limit</p>		<p>R715 000 per family</p>
3.	<p>Hospitalisation</p> <p>Admissions are subject to pre-authorisation prior to admission or within 1 working day in the case of an emergency.</p> <p>A penalty of R500 is payable by the member to the service provider failing pre-authorisation.</p> <p>v) Private hospitals</p> <p>vi) Provincial hospitals</p> <p>vii) Approved secondary / step-down facilities</p> <p>viii) Medicine dispensed in hospital</p> <p>ix) In-patient mental illness / substance abuse</p>	<p>100% of Agreed Tariff</p> <p>100% of cost or UPFS</p> <p>100% of Agreed Tariff</p> <p>100% of SEP plus regulated dispensing fee</p> <p>100% of Agreed Tariff</p>	<p>Subject to Overall Annual Limit</p> <p>21 days per beneficiary (Once the overall annual limit is reached, only PMB will be paid)</p>
4.	<p>Confinements</p> <p>Subject to pre-authorisation for hospitalisation</p>	<p>100% of Scheme Rate</p>	<p>Subject to Overall Annual Limit</p>

	Benefits are also allowed in terms of home births if assistance is provided by a registered service provider.		
5.	GPs & Specialists: in-hospital services ii) Consultations, visits, operations and procedures	100% of Scheme Rate	Subject to Overall Annual Limit
6.	General practitioners & Medication (out of hospital) (i) GP Consultations, visits, procedures and injection material (ii) Acute and Self Medication	100% of Scheme Rate 100% of SEP plus regulated dispensing fee	R590 per family
7.	Auxiliary Services*: In- hospital services	100% of Scheme Rate	Subject to Overall Annual Limit
8.	Chronic Medication Including immuno-suppressant drugs	100% of SEP plus regulated dispensing fee	R7 130 per beneficiary subject to Overall Annual Limit, PMB's and authorisation by the Scheme's pre-authorisation provider
9.	Organ transplants & dialysis (Hospitalisation and related costs) The benefit is also available to a donor who is a beneficiary of the Scheme.	100% of Scheme Rate	R180 000 for total cost per beneficiary Subject to Overall Annual Limit (Once the overall annual limit is reached, only PMB will be paid)
10.	Internal medical and surgical appliances	100% of cost	Limit of R24 600 per beneficiary applies except in the following cases where there are specified limits: Partial hip replacement R19 840 Total hip replacement R39 440 Knee replacement R47 760 Spinal fusion R39 440 Cardiac Stents R21 380 each (max. 3) Pacemaker R59 280 Cardiac valves R32 910 each Artificial limbs R31 360 Artificial eyes R14 730

			Subject to Overall Annual Limit (Once the overall annual limit is reached, only PMB will be paid)
11.	Radiology & pathology In-hospital Out of hospital	100% of Scheme Rate 100% of cost	Subject to Overall Annual Limit (Once the overall annual limit is reached, only PMB will be paid)
12.	MRI & CAT scans (in & out of hospital) Subject to pre-authorisation , as with Hospitalisation A penalty of R500 is payable by the member to the service provider failing pre-authorisation.	100% of Scheme Rate	Subject to Overall Annual Limit
13.	Radiotherapy & chemotherapy (in & out of hospital) Subject to pre-authorisation with Qualsa's Oncology Management Programme	100% of Scheme Rate	R270 000 per beneficiary (Once the overall annual limit is reached, only PMB will be paid)
14.	Maxillo-facial treatment (in-hospital)	100% of Scheme Rate	Subject to Overall Annual Limit
15.	Blood Transfusions	100% of cost	Subject to Overall Annual Limit (Once the overall annual limit is reached, only PMB will be paid)
16.	Ambulance services	100% of cost	Subject to Overall Annual Limit

NHRPL = **National Health Reference Price List**

Scheme Rate = **NHRPL 2010**

SEP = **Single Exit Price**

Agreed Tariff determined by the Board = **The fees for any healthcare services which are**

UPFS = **Uniformed Patient Fee Schedule**

PMB = **Prescribed Minimum Benefits**

* **Auxiliary Services** = **Physiotherapy, biokinetics, dietician, clinical psychology, (in-hospital) speech therapy, audiology, occupational therapy, podiatry, orthopt, social work, acupuncture and chiropractor services.**